JUL 19 2006

10/551078

Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE
ed to respond to a collection of information unless it displays a valid OMB control number.

Application Number Under the Paperwork Reduction Act of 1995, no persons are required to respond to Not known Filing Date POWER OF ATTORNEY October 2, 2005 First Namod Inventor Claudio G. JACOBSON, et al and THIE CORRESPONDENCE ADDRESS ..INTEGRATED MULTI-CHANNEL MEMS.. Art Unit Not known INDICATION FORM Examiner Name Not known Attorney Docket Number 2002 I hereby appoint: Practitioners associated with the Customer Number: Practitioner(s) named below: Name Registration Number **EDWARD LANGER** 30,564 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mantioned Customer Number; OR The address associated with Customer Number: Firm or EDWARD LANGER C/o SHIBOLETH, YISRAELI, ROBERTS, ZISMAN & CO. Individual Name Address 350 Fifth Ave. 60th Floor City New York State MY Zip 10118 Country U.S.A. Telephone 212-244-4111 Fax 212-563-7108 lam the: ابعا Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Ami bayer Nemirovsky Date Sep. 28, 2005 Amikam NEMIROVSKY Telephone 972-4-8255729 Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soe below. *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a bonost by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclividual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NO. 096

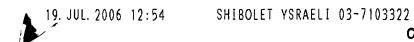
JUL 19 2006

CENTRAL FAX CENTER

Under the Paper	work Rodi	iction Act of 1995, no persons are re	ogogeen of borjupe		oction of infor	proved for use th	muntan 1100000000 Auto	9/81 (09-04) 3 0851-0035 OMMERCE		
(Application	n Num	ber	Not known	SPECIA A VAIID CIME CON	tol number.		
l POW	ER O	FATTORNEY	Filing Date			October 2, 2005				
Ī		and	First Named Inventor							
COPPER	ENCE ADDRESS	Title			Glaudio G. JACOBSON, et alINTEGRATED MULTI-CHANNEL MEMS.					
		Art Unit				D MULTI-CHANNEL	<u>MEMS</u>			
INI	DIÇAT	ION FORM	Examiner	Nama		Not known				
			Attorney D		(Tame)	Not known				
			Attorney L	OCKOT	numper	2002				
I hereby appoint: Practitioners a Number: OR	essociate	d with the Customer								
Practitioner(s)	named b	elow:								
		Name		Registration Number						
EDWARD LA	NGER					30,564				
1 1					_			I		
				_				_		
as my/our attorney(s) Yrademark Office con	or agent	(s) to prosecute the application i	identified above	, and to	transect all I	ent ni saenizuc	United States Patent	and		
OR	associal	e correspondence address for the ed with the above-mentioned Control of the education of th			Dication to:					
Firm or		EDWARD LANGER OF BUILD	N = 11 MO= 4							
Address	<u> </u>	EDWARD LANGER do SHIBO	JEH, YISRAI	ELI, RO	BERTS, ZISA	MAN & CO.		ì		
		350 Fifth Ave. 60th Floor								
City		New York		State	NY	- 7	Zip 10118	 [
Country	_	Ù.S.A.				<u>-</u> -	TIP [IUT10			
Telephone		212-244-4111	1	Fax	212-563-71	08		I		
Applicant/Inve	ecord of t	he entire interest. See 37 CFR 3 FR 3.73(b) is enclosed. (Form P	TO/SB/96)							
	_	SIGNATURE of A	pplicant or As	signee	of Record		- 			
Signature	Sh	love Glasse,				Date	100/01/2			
Name	Shlomo (SLASSER					28/7/01			
		iebird Optical MEMS Ltd.				Telephone	972 4 8396318	——		
		or assignees of record of the online	Interest or their r	epresont	alive(s) aro rec	julred, Submit mu	illiple forms if more than	опе		
*Total of 1	f	orms are submitted.						_		
IRCTO to proceed the month of the maile	ou is tedn):	red by 97 CFR 1.31 and 1.33. The in	nformation is requ	ulred to o	delan or retain	a benefit by the a	udella sadalah la da Pia dan	15		

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CENTRAL FAX CENTER

JUL 19 2006

Under the Pap	erwork Rec	Nellon Act of 1995, no persons are rec	culred to rea	U.8.)	A Potent and Tra	pproved for use (demark Offico; U	through 11/20 I.S. DEPARTA		756/61 (09. DMB 0851-00 F COMMER									
(Applic	ation Num	ber	THEREOFF RUIDERS IT I	Cisplays a yall	OMB	control numb									
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS			Filing Date First Named Inventor Title		Not known October 2, 2005 Claudio G. JACOBSON, et al													
									IN	DICAT	ION FORM	Art Unit			INTEGRATED MULTI-CHANNEL MEM			
										INDICATION FORM			er Name					
			Attorne	y Docket	Number	Not known 2002												
i hereby appoint:																		
Practitioners Number: OR Practitioner(s		ed with the Customer																
	71211160	Name																
EDWARD L	NGED	· · · · · · · · · · · · · · · · · · ·		Registration Number														
ZDITARD E	MOER			30,564														
<u> </u>																		
Please recognize or The addres	change the secondary	(e) to prosecute the application id herewith. The correspondence address for the lad with the above-mentioned Custed with Customer Number: EDWARD LANGER c/o 8HIBOL	e above-ide stomer Nur	entified app	elication to:		United Stat	es Pat	ent and									
Address		350 Fifth Ave. 60th Floor		TAELI, RO		MAN & CO.												
City		New York		State	lane													
Country		U.S.A.			NY		Zip 1011	3										
Telephone		212-244-4111		Fex	040 500 50													
Am the: Applicant/in Assignee of Statement ui	record of t	ha entire interest. See 37 CFR 3. FR 3.73(b) is enclosed. (Form PT)	71. O/SB/96)	1.2	212-563-71	UB .			· 									
ignature		SIGNATURE of Ap		Aseignoe	of Record													
ame	7					Date	Sep. 9	6 0	005									
de and Company	Elena Sil	DUROV				Telephone	+972-	Y-8	21725									
TE: Signatures of all ()	o inventore below*.	or assignees of record of the entire in	itèrest or the	ir reprosents	ilvo(s) are roq	uired. Submit mu	illiple forms if	more th	an ene									
*Total of 1	fe	Office are submitted																
s collection of informat PTO to process) an el	on la requir pilcation.	ed by 37 CFR 1.31 and 1.33. The inft Confidentiality is governed by 35 U.S	ormation is n	equired to of	otain or retain e	benefit by the p	ublic which is	to file (and by the									

complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing this burden, should be zent to the Chief Information Officer, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patonts, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED CENTRAL FAX CENTER

JUL 19 2006

POWER OF ATTORNEY and CORRESPONDENCE ADDRES INDICATION FORM I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(e) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence address.	Filing Firet Title Art U Exam Atton	ication Num g Date Named Inve Init Init Diner Name Troy Docket	entor Number	Not known October 2, 2d Claudio G. J	005 ACOBSON, et al TED MULTI-CHAN	B control num
and CORRESPONDENCE ADDRES INDICATION FORM I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(a) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence address	Filing First Title Art U Exam Atton	g Date Named Inve	Number	October 2, 2d Claudio G. JINTEGRAT Not known Not known 2002	ACOBSON, et al TED MULTI-CHAN	NNEL MEMS
and CORRESPONDENCE ADDRES INDICATION FORM I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(a) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence address	SS Title Art U Exam Attorn	Init niner Name may Docket	Number	Claudio G. JINTEGRAT Not known Not known 2002	ACOBSON, et al TED MULTI-CHAN	NNEL MEMS
CORRESPONDENCE ADDRES INDICATION FORM I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(e) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence addresses	SS Title Art U Exam Attorn	Init niner Name may Docket	Number	Not known Not known 2002	ED MULTI-CHAN	NNEL MEMS
INDICATION FORM I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence addresses	Exam Attor	niner Name may Docket		Not known Not known 2002		NNEL MEMS
I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence addresser	Exam Attorn	niner Name may Docket		Not known 2002	ber	
Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence addresser	Attorn	noy Docket		2002	ber	
Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence addresser				gistration Num	ber	
Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name EDWARD LANGER as my/our attorney(s) or agent(s) to prosecute the applitrademark Office connected therewith. Please recognize or change the correspondence addresser	ication identified s	above, and to	Re		ber	
as my/our attorney(s) or agent(s) to prosecute the appli Trademark Office connected therewith. Please recognize or change the correspondence addresses	ication identified s	above, and t	Re		ber	
as my/our attorney(s) or agent(s) to prosecute the appli Trademark Office connected therewith. Please recognize or change the correspondence address	ication identified s	above, and to				
as my/our attorney(s) or agent(s) to prosecute the appli Trademark Office connected therewith. Please recognize or change the correspondence address	ication identified s	above, and to		30,564		
Please recognize or change the correspondence address	ication identified s	above, and to				
Please recognize or change the correspondence address	ication identified s	above, and to				7
Please recognize or change the correspondence address	ication identified a	above, and to				
Please recognize or change the correspondence address	ication identified s	above, and to				
Please recognize or change the correspondence address			trensact all	business in the	United States Pa	atent and
	ss for the above-	Identified app	dication to:			-
OR .		ieniber,				
- OX						
The address associated with Customer Numb				ł		
<u>OR</u>		<u></u>				
Firm or Individual Name EDWARD LANGER c/o	SPIBOLETH VI	ADJELL DO				
	JAIBOLETH, TR	SKAELI, RO	BERTS, ZIS	MAN & CO.	_	
60th Floor						
City New York		State	NY		Zlp 10118	
Country U.S.A.				·	-F [10118	
Telephone 212-244-4111		Fax	212-563-71	108		
am the:						
Applicant/Inventor.						
Assignes of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (F	7 CFR 3,71. Form PTO/SB/961)				
SIGNATUR	RE of Applicant o		of Record			
ame Claude C ROPECH				Date	Sep. 28, 1	2 00 6
				Telephone		
itle and Company	-					
OTE: Signatures of all the invantors or assignees of record of the grature is required, see below*.	ië ontire interest or ti	ineir represent	alive(s) are rec	quired. Submit m	ulliple forms if more	than one
*Total of 1 forms are submitted.						
is collection of information is required by 37 CFR 1.31 and 1.33 SPTO to process) an application. Confidentially is governed to mplete, including gathering, preparing, and automiting the comments on the amount of time you require to complete this fols. Patent and Tradomerk Office, U.S. Department of Comme SRMS TO THIS ADDRESS. SEND TO: Commissioner for	pleted application for m and/or suggestion	orm to the US one for reducir	PTO. Time wi	ili vary depending	s esumeten to take (o minutes to

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED **CENTRAL FAX CENTER**

JUL 19 2006

Under the Pape	awork Red	luction Act of 1995, no persons are re	mulmed to e	U.S.	A Patent and Tra	pproved for use t idemark Office; U	hrough 11/3 .S. DEPART	0/2005. OMB 0651-003 MENT OF COMMERC	
			App	lication Num		Not known	lisplays a ya	ild OMB control numbe	
POWER OF ATTORNEY			Filing Date		October 2, 2005				
and			First	Named Inve	Claudio G. JACOBSON, et al				
CORRESPONDENCE ADDRESS			Title		INTEGRATED MULTI-CHANNEL MEMS				
INDICATION FORM			Art U	Init		Not known			
THE PORT OF THE PROPERTY OF TH			Examiner Namo			Not known			
			Attor	ney Docket	Number	2002			
I hereby appoint:									
Practitioners Number:	associate	d with the Customer							
Practitioner(s) named t	Delow;							
		Name		·	Re	gistration Numi	ber		
EDWARD LA	WGER			30,564					
 									
as my/our altomev/s) or agent	(s) to proposite the smallestice '	4. 40 1						
Trademark Office co.	nnected t	(s) to prosecute the application is herewith.	dentillad	above, and t	transact all	business in the	United St	ates Patent and	
Please recognize on	channo th	O SOMOODDINGS							
		s correspondence address for th			olication to:				
The addres	s essocia	ted with the above-mentioned Cu	astomer N	łumber:					
OR		r							
The addres	s associa	ted with Customer Number:							
Firm or		Ī							
Individual Nan	ne	EDWARD LANGER do SHIBO	LETH, Y	ISRAELI, RO	BERTS, ZIŞ	MAN & CO.			
Address		350 Fifth Ave. 60th Floor			· · ·				
City		New York		State	NY		Zip 101		
Country		U.8.A.			141		Zip 101	18	
Telephone		212-244-4111		Fax	212-563-7	108			
am the:					14.2 500 1	100			
Applicant/Inv	rentor,								
Assignee of	record of t	the entire interest. See 37 CFR 3	3.71.						
Statement un	nder 37 C	FR 3.73(b) is enclosed. (Form P	TO/SB/98	3)					
		SIGNATURE of A	pplicant	or Assigned	of Record				
Signature	-	71				Date	C-0	3 6 0 111	
Name	Shmuel I	ALDOR				Telephone	452 m	18,2005 1-8110232	
Title and Company						тегериота	1786-	1-&110 232	
NOTE: Signatures of all the signature is required, see	ne inventor below*.	s or assignees of record of the entire	interest or	their represen	lative(s) ore red	quired. Submit m	dtiple forms	if more than one	
Total of 1	f	orms are submitted.							
comments on the amount U.S. Patent and Tradems	nng, prepa of time yourk Office	red by 37 CFR 1.31 and 1.33. The in Confidentiality is governed by 35 U. ring, and submitting the completed a u require to complete this form and/ U.S. Department of Commerce, P.C TO: Commissioner for Patent	pplication or suggest	form to the US lons for reduct	PTO. Time w	ill vary depending should be sent	CSIMBIBO I	o take a minutes to	

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.